

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155133		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/05/2011	
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS				STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY STREET COLUMBUS, IN47201			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 7-1-2011.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00094267.</p> <p>Survey dates: August 3, 4, and 5, 2011</p> <p>Facility number: 000058 Provider number: 155133 AIM number: 100283340</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 160 Total: 160</p> <p>Census payor type: Medicare: 15 Medicaid: 123 Other: 22 Total: 160</p> <p>Sample: 14</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 8/9/11 Cathy Emswiller RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>			F0441	<p>Licensed staff assigned to the unit where resident #E resides were provided in-service training on facility policy for proper disposal of needles and syringes immediately following the surveyor's care</p>		08/23/2011

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					<p>observation on 8/5/11. CNAs assigned to the unit where resident #E resides were provided in-service training on facility policy for infection control pertaining to the handling of soiled linen and trash immediately following the surveyor's care observation on 8/5/11.</p> <p>The in-service training of Licensed Staff throughout Columbus Health and Rehabilitation Center on facility policy for proper disposal of needles and syringes began immediately following the surveyor's care observation on 8/5/11 and was completed on 8/19/11. The in-service training of CNAs throughout Columbus Health and Rehabilitation on facility policy for infection control pertaining to the handling of soiled linen and trash began immediately following care observation on 8/5/11 and was completed on 8/19/11.</p> <p>Licensed Staff received in-service training on facility policy for proper disposal of needles and syringes. Med Pass observations were completed on 8/19/11 for Licensed Staff to ensure understanding of facility policy. CNAs received in-service training on facility policy for infection control pertaining to the handling of soiled linen and trash. Care observations were completed on 8/19/11 for CNAs to ensure understanding of facility policy.</p>		

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	<p>Based on observation, interview and record review, the facility failed to ensure compliance with infection control safety issues in that:</p> <p>A. an unattended needle and syringe were found in 1 resident's room during a care observation for 1 of 1 observations of care in a sample of 14. (Resident #E)</p> <p>B. used linen and an adult brief were placed on the floor unbagged during a care observation for 1 of 1 care observations in a sample of 14. (Resident #E)</p> <p>Findings include:</p> <p>A. Resident E's clinical record was reviewed on 8-4-11 at 1:30 p.m. Her</p>				<p>The DNS and/or designee(s) will conduct infection control audits daily to ensure compliance with facility policy. The audits will review proper disposal of needles and syringes and handling of soiled linen and trash. Those audits will be conducted daily until 30 consecutive days of 100% compliance with F441 is achieved. Monitoring of the infection control program will be maintained via Abaqis program "Resident Observation" checklist and infection control. Results of the infection control audits, and Abaqis "Resident Observation" checklist and infection control will be reviewed monthly during Performance Improvement.</p>		

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	<p>diagnoses included, but were not limited to fibromyalgia, chronic pain, post traumatic stress disorder, idiopathic neuropathy, progressive memory loss and bipolar disorder.</p> <p>A care observation was conducted on 8-5-11 at 9:35 a.m. of Resident #E's morning bathing and hygiene. During the care observation at 9:45 a.m., an unattended syringe with a protective covering over the needle was observed lying on top of the resident's chest of drawers. LPN #1 was notified of the syringe at that time. She indicated, "I don't know what it is doing here. It shouldn't be here." LPN #1 removed the syringe at that time. In interview with CNA #2 at 10:05 a.m., she indicated she had noticed the syringe when she put her gloves on for the resident's care. She indicated she was unsure what she should do with the syringe. She indicated she was unsure if she should take the syringe to the nurse or have the nurse come into the room to pick it up.</p> <p>A policy entitled, "Subcutaneous Injection," with a revision date of 4-28-11 was provided by the Director of Nursing on 8-5-11 at 12:25 p.m. The policy indicated that after the use of the syringe and needle device, "Dispose of the syringe in the sharps container."</p>						

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	<p>B. Resident E's clinical record was reviewed on 8-4-11 at 1:30 p.m. Her diagnoses included, but were not limited to fibromyalgia, chronic pain, post traumatic stress disorder, idiopathic neuropathy, progressive memory loss and bipolar disorder.</p> <p>A care observation was conducted on 8-5-11 at 9:35 a.m. of Resident #E's morning bathing and hygiene. During the care observation, CNA #2 was observed placing the used towels, washcloths, bed linens and a soiled adult brief on the floor without bagging the items prior to placing the items on the floor. In interview with CNA #2 at 10:25 a.m., she indicated, "Normally, I just pile the things on the floor. Then I bag them when I'm done. Our trash bags are pretty small...I'd have to look up our policies on bagging. I don't really know what it is."</p> <p>In interview with the Director of Nursing on 8-5-11 at 11:50 a.m., she indicated she, "could not find a specific policy regarding bagging the [used] linens or other things, but it should be done as they go, not placing those things on the floor."</p> <p>A policy entitled, "Bed Bath," with a revision date of 4-28-09 was provided by the Director of Nursing on 8-5-11 at 12:25</p>						

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F9999	<p>p.m. The policy indicated, "Place dirty linen in laundry bag...Dispose of soiled linen appropriately."</p> <p>This federal tag was cited on 7/1/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-18(a) 3.1-18(b)(4)</p>			F9999	THERE IS NO F9999 CITED>		08/23/2011